

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37581

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Oskaloosa So Ray sur  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community three years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lucretia Williams

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Fred Williams 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased Oct 5 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Caro Ill (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

12. Name Gabriel Stotts  
13. Birthplace Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Mary Conway  
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Earl Clanton  
(b) Address Oskaloosa, Mo.

17. (a) Burial (b) Date thereof II 8, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive. Pittsburg

18. (a) Signature of funeral director NT. Mooneyhan

(b) Address Arcadia, Kansas.

19. (a) Nov. 7-1943 (b) Blanche Sackett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Oskaloosa  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 5 day year 1943 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Oct 7 Nov 5 1943 to Nov 5 1943  
that I last saw him alive on Oct 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 Mo.

Due to

Due to

Other conditions Similarity of 301  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no 760

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. P. Bell (M. D. or other)

Address Liberal 7160 Date signed 11/9/43

1260

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 1243-1339

Date Filed DEC 7 1943

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me,  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

N.T. Moonahan

Licensed Embalmer No. 3614

P. O. Address Aradisa, Kans.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**